

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034925

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 311

FILED SEP 30 1963

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Length of stay in 1b 8 DAYS	c. CITY OR TOWN PARIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KIRKSVILLE OSTEOPATHIC HOSP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) N. WASHINGTON ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LEWIS Middle BATSELL Last BATSELL		4. DATE OF DEATH Month SEPT. Day 22 Year 1963	
5. SEX M	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-5-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM LABORER	11. BIRTHPLACE (City and state or country) MD.
13a. FATHER'S NAME WILLIAM BATSELL		13b. MOTHER'S MAIDEN NAME BELLE CAMPBELL	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		17. INFORMANT Address JANIE BATSELL PARIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema and Congestion DUE TO (b) Pulmonary Emboli DUE TO (c) Emboli from Clot at Site of Hernia			INTERVAL BETWEEN ONSET AND DEATH 9 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:20 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION PARIS, MO.	
21. I attended the deceased from 9-14-63 to 9-22-63 and last saw ^{them} him alive on 9-21-63 Death occurred at 2:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Doris B. Thompson D.O.		22b. ADDRESS 800 West Jefferson Street Kirkville, Missouri	22c. DATE SIGNED 9/22/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/24/1963	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	23d. LOCATION (City, town, or county) PARIS, MO.
24. FUNERAL DIRECTOR ADDRESS E.H. AGNEW PARIS, MO.		25. DATE RECD. BY LOCAL REG. 9-23-1963	26. REGISTRAR'S SIGNATURE Doris W. Raloff

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued Sept. 22, 1963

ROSS B. THOMPSON, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. Magnus

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.